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A Comparative Clinical Study of *Vamana* and *Virechana* in the management of *Tamaka Swasa*

Dr. Akhilanath Parida,¹ Dr. Satyasmita Jena²

¹Reader, Dept. of Panchakarma, ²Lecturer, Dept. of Prasuti & Stree Roga, Vaidya Yagya Dutt Sharma Ayurvedic Post Graduate Mahavidyalaya, Khurja, Bulandshahar, Uttar Pradesh, INDIA.

ABSTRACT

In *Tamaka Swasa* there is condition of (1) *Yapyatva* (palliative) and (2) *Chirakaritva* (chronic) and (3) more *Kshaya* of *Rasha Dhatu*s (decrease in the immunity) in this condition, the patient need a special type of management which can combated above three condition. *Tamaka Swasa* which is compared with Bronchial Asthma is a common problem and its prevalence is in all age groups irrespective of sex. Among five types of *Swasa Roga*, *Tamaka Swasa* is one of the most common and very well explained in Ayurvedic classics which can be compared with asthma in modern science. Mortality due to asthma is not comparable in size to the day today effect of the disease. Although largely avoidable, asthma tends to occur in epidemics and effect young people. The human and economic burden associated with this condition is severe. The study is carried out as a comparative study of *Vamana* and *Virechana*. In this Group (Group-A), *Vamana* was given to the patients. Total 15 patients were registered. In this Group (Group-B), patients were taken for *Virechana*. Total 15 patients were registered.

Key words: *Tamaka Swasa*, *Broncial Asthama*, *Vamana*, *Virechana*.

INTRODUCTION

Tamaka Swasa or bronchial asthma is disease in which the process of respiration is disturbed. Breathlessness is one of the cardinal symptoms in this disease. It is more physiological disorder, so physiology of respiration is important to understand. In the context for the diagnostic aspect, clinically with the stethoscope or by the spirometry technique, the normal physiology is important. when the *Prana Vayu* is not performing its normal physiological functions

(vitiated) and become defiles (*Viguna*); obstructed by *Kapha* and moves upwards i.e., unable to function properly, then the condition is known as *Swasa Roga*. This definition seems to be very scientific and describes all the aspects of dyspnoea. The classification of *Swasa* is based on the type of rhythm of respiration, which is cardinal symptoms, and to differentiate of severity from each other.

OBJECTIVE

To evaluate the efficacy of *Vamana* and *Virechana* in *Tamaka Swasa*.

MATERIALS AND METHODS

Clinical data: Minimum 30 diagnosed patients of *Tamaka Swasa* were taken for study from OPD and IPD of Vaidya Yagya Dutta Sharma Ayurvedic Post Graduate Mahavidyalaya, Khurja, Uttar Pradesh from other camps and Referrals.

Sample size and grouping

Group A - *Vamana Karma* (15 patient), Group B - *Virechana Karma* (15 patient).

Address for correspondence:

Dr. Akhilanath Parida

Reader, Dept. of Panchakarma,

Vaidya Yagya Dutt Sharma Ayurvedic Post Graduate

Mahavidyalaya, Khurja, Bulandshahar, Uttar Pradesh, INDIA.

E-mail: tarinitirupati@gmail.com

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Diagnostic Criteria

Diagnosis was established by clinical examination and sign and symptoms of *Tamaka Swasa* as follows:

1. *Swasakrichrata* (Breathlessness)
2. *Tamo Darshanam*
3. *Kasa* (cough)
4. *Trishna*

Criteria for the assessment of overall effect of the therapies

The total effect of the therapy was assessed considering to the over all improvement in signs and symptoms. For this purpose, following categories were maintained.

1. Complete remission: 100% relief in the signs and symptoms were considered as complete remission.
2. Marked improvement: 75%- 99% relief in the signs and symptoms were considered as markedly improvement.
3. Moderate Improvement: 50%- 74% relief in the signs and symptoms were considered as moderate.
4. Mild Improvement: 25%- 49% relief in the signs and symptoms were considered as mild improvement.
5. Unchanged: Below 0%-24% relief in the signs and symptoms were considered as unchanged.

OBSERVATIONS

Out of 30 patients, maximum 33.3% patients were of 56-65 yrs age group and followed by 30% of 50-55 yrs group, 19 (63.3%) were female and 11 (36.7%) patients were male. maximum patients 24 (80%) were Hindu, 05 (16.7%) were Muslim and 01 (3.3%) was Christian, All 30 (100%) patients were married, maximum 21 (70%) patients were not having any habits, 08 (26.7%) patients had habit of intake of alcohol and 01 (3.3%) having tobacco taking habit. Maximum 19 (63.3%) patients were of moderate work class, 10 (33.3%) patients were of active work class

and 01 (3.3%) patients were of sedentary work class. Maximum 20 (66.7%) patients belonged to 45-65 kgs class, 06 (20%) belonged to 65-85 kgs class and 04 (13.3%) to 25-45 kgs class. Maximum 14 (46.7%) patients were of lower middle class, 12 (40%) patients were of upper middle class and 04 (13.3%) patients were of Lower class. Maximum 21 (70%) patients were of mixed diet and 09 (30%) were vegetarian. Maximum 17 (56.6%) patients were having good appetite, 11 (36.7%) patients were having moderate appetite and 02 (6.7%) patients were having poor appetite. Maximum 16 (53.3%) patients were having Chronicity upto 1 year, 12 (40%) patients were of 1-2 year and 02 (6.7%) were of more than 2 year chronicity. Maximum 29 (96.7%) patients bowel habit were regular.

RESULTS

Statistical analysis of group A showed that the mean score of *Swasakrichrata*, which was 1.93 before the treatment was reduced to 1.2 after treatment with 37.93% improvement with p value <0.001, it is statistically significant. Statistical analysis of group B showed that the mean score of *Swasakrichrata*, which was 2.33 before the treatment was reduced to 1.33 after treatment with 42.85% improvement with p value <0.001, it is statistically significant.

Statistical analysis of group A showed that the mean score of *Kasa*, which was 1.93 before the treatment was reduced to 1.06 after treatment with 44.82% improvement with p value <0.001, it is statistically significant. Statistical analysis of group B showed that the mean score of *Kasa*, which was 2.53 before the treatment was reduced to 1.13 after treatment with 55.26% improvement with p value <0.001, it is statistically significant.

Statistical analysis of group A showed that the mean score of *Kapha Nisteevana*, which was 2.8 before the treatment was reduced to 1.46 after treatment with 47.61% improvement with p value <0.001, it is statistically significant. Statistical analysis of group B showed that the mean score of *Kapha Nisteevana*, which was 2.8 before the treatment was reduced to 1.06 after treatment with 61.9% improvement with p value <0.001, it is statistically significant.

Statistical analysis of group A showed that the mean score of *Anidra*, which was 2.46 before the treatment was reduced to 1.6 after treatment with 35.13 % improvement with p value <0.001, it is statistically significant. Statistical analysis of group B showed that the mean score of *Anidra*, which was 2.46 before the treatment was reduced to 1 after treatment with 59.45% improvement with p value <0.001, it is statistically significant.

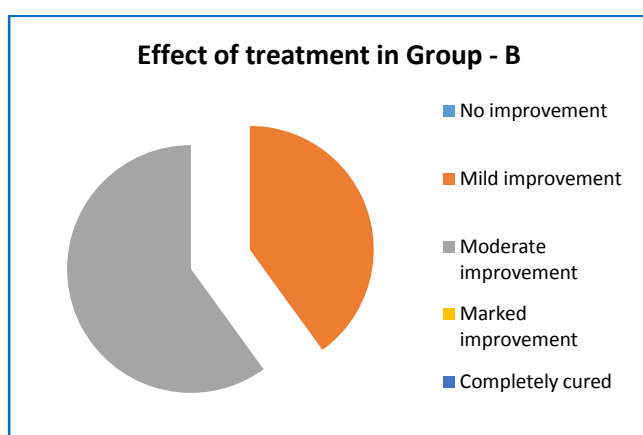
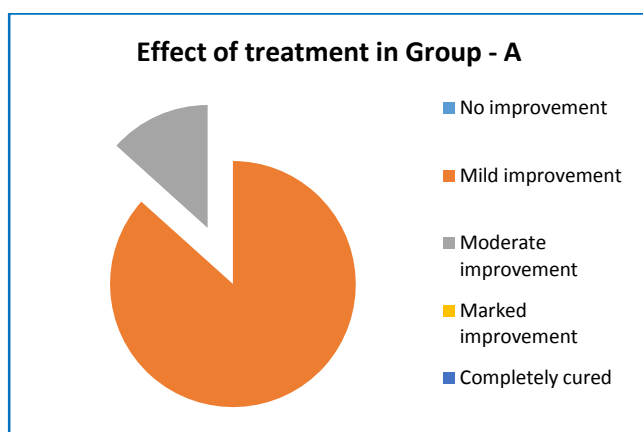


Table 1: Showing the comparative results of Group - A and Group - B

Characteristics	Group – A			Group – B		
	Mean score		Percent age of relief	Mean score		Percent age of relief
	BT	AT		BT	AT	
<i>Swasakrichrata</i>	1.93	1.2	37.93%	2.33	1.33	42.85%
<i>Kasa</i>	1.93	1.06	44.82%	2.53	1.13	55.26%
<i>Kapha</i>	2.8	1.4	47.61%	2.8	1.0	61.9%

<i>Nisteevana</i>		6			6	
<i>Anidra</i>	2.46	1.6	35.13%	2.46	1	59.45%

DISCUSSION

Discussion is the most among all in increasing intellect. Here, the study is done on *Tamaka Swasa*; it is a disease of multi factorial causation where effect of nature, diet i.e., *Aahara* and *Vihara* plays an important role. In the management of this disease all the factors are taken in consideration. It is a disease of *Pranavaha Srotas* with the vitiation of *Kapha* and *Vata Dosha* and origin in *Pittasthana*. This study was carried out in two groups. Each of group will contain 15 patients. Comparative study between two drugs was carried by giving *Vamana* to one group and *Virechana* to second group. Result of group A (*Vamana* with *Pippali Churna* and *Yastimadhu Phanta*). The percentage of improvement in group A on the *Swasakrichrata* is 37.93%, *Kasa* is 44.82%, *Kapha Nisteevana* is 47.61%, and *Anidra* is 35.13%. Result of group B (*Virechana* with *Trivrit Churna*, *Triphala* and *Danti*). The percentage of improvement in group B on the *Swasakrichrata* is 42.85%, *Kasa* is 55.26%, *Kapha Nisteevana* is 61.9%, and *Anidra* is 59.45%. Overall result of group A is 41.37%, overall result of group B is 54.86%.

Proble mode of action of Virechana in Tamaka Shwasa

The site of origin of *Shwasa Roga* is *Pittasthana*. *Virechana Karma* is indicated as the best treatment for the aggravated *Pitta Dosha*. Therefore, *Virechana* helps in maintaining the normal levels of *Pitta Dosha*. *Acharya Charaka* also mentioned '*Tamketu Virechanam*'. If *Vata Dosha* remains associated with other *Doshas*, then *Mridu Virechana* should be done. *Virechana Karma* pacifies *Vata Dosha* which is associated with *Kapha* in patients of *Shvasa Roga*. So the patients got relief by *Virechana*, in the present study.

CONCLUSION

Tamaka Shwasa is one among 5 types of *Shwasa Roga*, that is *Kshudra Shwasa*, *Chinna Shwasa*,

Mahashwasa, Urdhva Shwasa. Tamaka Shwasa affects the *Pranavaha Strotas* and characterised by prolonged expiration, wheeze, dyspnoea of exceedingly deep velocity, which is immense injurious to life. *Vata* moving in reverse direction prevades the channels, afflicts the neck and head, and stimulates *Kapha* to cause *Margavrodha* by producing broncho constriction. *Tamaka Shwasa* classifies as *Vata Pradhana* and *Kapha Pradhana*. Sign and symptoms of *Tamaka Shwasa* are very much similar to that of bronchial asthma. In the present study it is observed that the age group above 40 years of age is more affected by the disease and patients having addictions of smoking and chewing tobacco are more affected from the disease. Pollution affects the patients more vigorously, is observed in the study. In present study following symptoms were taken into consideration, *Shwasa Krichata, Kasa, Anidra, Kaphanisteevana*. Both the procedures *Vamana* and *Virechana* helps the patients in relieving the symptoms. As extra *Kapha* is removed by *Vamana*, and as the *Sthana* of the disease is *Pittaudhbhava*, so *Pitta* is relieved by *Virechana*, so *Virechana* also helps in relieving the symptoms of *Tamaka Shwasa*.

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